



Plan Certification Statement

Planning Year _____

Facility Name _____

DEP Facility ID Number _____

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Based on my independent professional judgment as a Toxics Use Reduction Planner, I certify under penalty of law that the following is true:

- (a) I have examined and am familiar with this Toxics Use Reduction Plan Update;
- (b) the Plan Update satisfies the requirements of 310 CMR 50.40; and
- (c) the Plan Update demonstrates a good faith and reasonable effort to identify and evaluate toxics use reduction options.

1 Signature of Toxics Use Reduction Planner

2 Date (mm/dd/yyyy)

3 Print Name of Toxics Use Reduction Planner

4 E-Mail Address

5 TUR Planner I.D. Number

B. I certify under penalty of law that the following is true:

- (a) I have personally examined and am familiar with this Toxics Use Reduction Plan Update;
- (b) I am satisfied that any supporting documentation used in the development of the Plan Update exists and is consistent with the Plan Update;
- (c) based on my inquiry of those individuals immediately responsible for the development of this Plan Update, I believe that the information in the Plan Update and any supporting documentation used in the development of the Plan Update is true, accurate, and complete;
- (d) the Plan Update, to the best of my knowledge and belief, meets the requirements of 310 CMR 50.40; and
- (e) I am aware that there are penalties for submitting false information, including possible fines and imprisonment.

1 Signature of Senior Management Official

2 Date (mm/dd/yyyy)

3 Print Name of Senior Management Official

4 E-Mail Address